

ch, and the number of each.  
of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.

NAME ADDED BY SUPPLEMENT

PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

1. County of Graham  
District of Safford  
Town of Glenbar  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 224  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 166

2. Full name of child Betty Jo Carter  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth 10 28 28  
Month day year

8. FATHER  
Full name Albert Carter  
9. Residence (Usual place of abode)  
If nonresident, give place and state Glenbar  
10. Color or race white  
11. Age at last birthday 37 (Years)  
12. Birthplace (city or place)  
(State or country) Arizona  
13. Occupation  
Nature of industry Farmer

14. MOTHER  
Full maiden name Edith E. Norton  
15. Residence (Usual place of abode)  
If nonresident, give place and state Glenbar  
16. Color or race white  
17. Age at last birthday 34 (Years)  
18. Birthplace (city or place)  
(State or country) Arizona  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 5 (b) Born alive but now dead — (c) Stillborn —  
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 2:30 p.m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature J. J. Kessis (Physician or midwife)  
Address W. 8 - 1028 N. Station  
Month, day, year. Nov 8 - 1928 Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_

County Registrar.

239-1028-555